

NO6000011802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

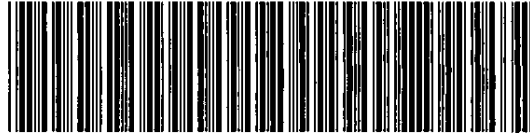
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286993889

06/24/16--01024--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 JUN 24 AM 8:18

JUN 30 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bella Vista at Forest Lake Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000011802

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jan J. McClanahan

Name of Contact Person

Southwest Property Management of Cntrl. Fl., Inc.

Firm/Company

13350 W. Colonial Drive Ste. 330

Address

Winter Garden, FL 34787

City/State and Zip Code

jan@swpmcfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jan McClanahan

Name of Contact Person

at (**407**) **656-1081**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- N/A

- Southwest Property Management of Cntrl FL., Inc.**

13350 W. Colonial Drive Ste 330

P.O. Box NOT acceptable

Winter Garden, FL 34787

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date _____

If signing on behalf of an entity:

Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

FILE
SECRETARY OF STATE
DIVISION OF INFORMATION
2016 JUN 24 AM 8:18